

DEPARTMENT OF EARLY LEARNING

Release of Information

The Department of Early Learning has my permission to exchange information with:

| Name | | |
|---|---|----|
| Address | | |
| Phone | | |
| For the purpose of determining my eligi | ibility to obtain or maintain my child care license | e. |
| This permission expires 60 days from | the date of signature. | |
| | | |
| Printed Name | Phone | |
| Signature | Date | |
| | | |
| Licensor Printed Name | Phone | |
| Licensor Signature | Date | |